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ABSTRACT

The report examined a pilot program for the early identification of developmental deficits by a multidiscipline team of psychologists, educators, and medical personnel. The team conducted a community wide project designed to establish contact with and evaluate the developmental progress of all preschool children in a low income rural school district. The initial contacts were home visits by paraprofessionals who evaluated the developmental level of all preschool children through the use of rating scales. Parents and children then attended a Community Clinic staffed by the multidiscipline team which screened children for developmental disabilities or special education needs. Of the 18 preschool children for whom educational intervention was recommended, 14 children were eventually enrolled in either Head Start or Special Education classes. (Author)

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ABSTRACT

Methods and Results of an Every-Child Program for the Early Identification of Developmental Deficits

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This report examines a pilot program for the early identification of developmental deficits by a multidiscipline team of psychologists, educators, and medical personnel. The team conducted a community wide project designed to establish contact with and evaluate the developmental progress of all preschool children in a particular school district. The initial contacts were home visits by paraprofessionals who evaluated the developmental level of all preschool children through the use of rating scales. Parents and children then attended a Community Clinic staffed by the multidiscipline team which screened children for developmental disabilities or special education needs. Of the 18 preschool children for whom educational intervention was recommended, 14 children were eventually enrolled in either Head Start or Special Education classes.

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Methods and Results of an Every-Child Program for the Early Identification of Developmental Deficits

There is evidence of a nationwide reevaluation of the state's responsibility to handicapped children. A growing number of states are considering or have passed laws stating that local school districts have a responsibility to provide an education for all children who reside within their boundaries. Legislation also demands that this education should fit the individual child's needs as closely as possible. If the states have needed any encouragement, a landmark legal decision was reached on May 3, 1972. (Pennsylvania Association for Retarded Children, Nancy Beth Bowman, et. al. vs. Commonwealth of Pennsylvania, David H. Kurtzman, et. al.) Vergason (1973) has pointed out that "This ruling implies that: appropriate education and training programs must be available; such programs must meet the approval of the court; and whenever a program is not in existence, it must be provided or provision must be made for education or training in nonpublic schools or other facilities." New York's Greenbery Law has provided another important legal precedent (Education Law, New York State, Chapter 786, Section 4407). It extended the school's responsibility by establishing a provision whereby when the local district cannot adequately provide an education, handicapped children may be served in the private section at public expense.

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Responsibility was also defined by the Pennsylvania case in terms of early identification and schooling. The court found that school districts: (1) shall provide for the education and training of children less than six years of age and (2) shall provide initial evaluation along with reevaluation of all children at least every two years. Wisconsin, among other states, is considering legislation making it mandatory that such assessment be conducted by multidiscipline teams including school psychologists, medical personnel, teachers, and parents. If such assessments are to be made mandatory by the law, the objectives and methods of these programs need to be carefully defined and evaluated by psychologists and educators.

A pilot program has been conducted by a team of psychologists and special educators in a rural school district to demonstrate and evaluate the feasibility of just such a multidisciplinary early identification and assessment program. A community wide project was conducted to reach and evaluate the developmental progress of every preschool child in the school district; the school district then provided educational programs for those cases where a developmental need existed. This article describes the methods and initial results of this pilot program.

Setting and Population

The La Farge, Wisconsin School District is located in an economically deprived rural area and serves 440 children from grades K through 12 with 71 percent of these children being transported by school bus. Most live on marginal farms which are unable to support a family and frequently

one or both parents are forced to hold second jobs. The box canyon type of geography limits communication and travel among the people served by the district and inhibits these people in their pursuit of medical, dental, or other care. There was no physician or dentist in La Farge itself. In many cases it is a major task to ensure that the children get adequate medical or dental care.

There are 84 preschool children (defined as birth through five years of age) living with 34 families in the La Farge Area. One objective of this project was to gain entry and establish contact with every one of these homes. The researchers felt that this home contact was necessary to motivate the family to participate in the major evaluation phase of the project; it also provided important data about the children. The more comprehensive preventive evaluation phase was termed Community Clinic Day and was reserved for those children between two and five years of age.

Community Preparation

Plans for home interviewing and Community Clinic Day activities were submitted to and approved by the School District Administrator, the School District Board, and a Community Advisory Committee. The team then proceeded to inform the 700 residents about plans for the home visit and Clinic Day interviewing. Area newspapers and radio stations were asked to communicate pertinent information about the clinic and a letter was sent to each family having preschool children. The letter was followed by a telephone call from one of the two indigenous paraprofessionals who answered questions and scheduled an appointment for a home visit.

The two indigenous workers were selected on the basis of the recommendation of the Administrator of the La Farge Area Schools. Basis for recommendation was (1) long term residence in the community; (2) familiarity with preschool population; (3) demonstrated responsibility in teachers' aides jobs. Each worker was given training sessions totaling 16 hours before onset of family interviewing. Training was provided in the areas of: (1) familiarization with the interviewing instruments; (2) careful home observation; (3) brief familiarization with child developmental concepts; (4) recognition of deviant development; and (5) interviewing skills. Role playing, carefully supervised interviewing and tape recording of interviews were used to insure some proficiency and validity of results.

The interview procedure used Gesell, Peabody and Vineland Social Maturity Scale items along with the completion of the Doll Preschool Attainment Record. The paraprofessionals were able to interview all but two of the families in the district and with these interviews collected data for every preschool child. Codes were established for these interview data so that all results could be stored on cards or tape for subsequent computer retrieval. Other social agencies in the region were promised use of this material once parental authorization was given.

Community Clinic Day

Parents were asked to bring all children ages 2-5 to the Community Clinic which would be held in the school building. A multidiscipline team was established to conduct this clinic; it's purpose would be to

screen all children for developmental disabilities and any special education needs. Evaluation stations were established and manned by professionals of various disciplines including: a pediatrician, nurse, dentist, school psychologist, social worker, and special educator. These professionals were asked to note problems on a 1-10 scale for the following variables:

A. Medical and dental

B. Cognitive and intellectual development

C. Language development

D. Socialization

E. Perceptual-motor development

F. Self-help skills

Medical and Dental Evaluation

Each child was examined by a pediatrician, dentist, vision screener, and audiologist. Recommendations for further evaluation or treatment were made for 15 children for medical reasons and on 11 because of dental problems. The participating pediatrician stated that the concept of the developmental deficits as used for early identification screening in this project was sound medically. There are age appropriate tasks which children will encounter at home or in school. The physician suggested that his work could have been facilitated if a medical history was available. He also suggested that hearing and vision screening should be completed and available before the child reaches the physician. Interestingly, the pediatrician felt that a significant part of the medical evaluation

could be conducted by a nurse or technician working under the direction of the doctor. With this help, one physician could still be an adequate resource for a program offering a more extensive medical evaluation to even a greater number of children.

Psychological Screening

A group of school psychologists evaluated each preschool child three years of age and older. Each child met individually with one of the school psychologists for the purpose of obtaining samples of the child's cognitive, language, and perceptual-motor development. The actual screening was conducted by four experienced School Psychology graduate students under the direction of two university supervisors. The tools employed with each child included the Peabody Picture Vocabulary Test, the Visual Motor Integration Test, and the Goodenough-Harris Drawing Test. Each examiner was also asked to complete an informal observation and to make recommendations for follow-up. All three instruments have been used in a variety of preschool programs for the purpose of obtaining estimates of mental maturity, vocabulary development, visual motor development, and preschool readiness. Tests employed have a high interest level, require only a few minutes for administration and can be used by trained teachers and paraprofessionals.

The examiners were asked to establish cut-off points on the norms for each test below which a child would be considered to have a developmental deficit. It was stipulated that these tests would not be used for diagnostic purposes and that because there was ample room

for children in preschool classes these recommendations for cut-offs should not be conservative. Their recommendations for the purpose of this project were the following:

TEST	EVALUATION	
Peabody Picture Vocabulary Test	Recommended Cut-Off:	I.Q. of 89 or lower
	Range of Performance:	I.Q. of 63-125
Visual Motor Integration Test	Recommended Cut-Off:	Test performance of six (6) months below chronological age
	Range of Performance:	Below 2 years 10 months to 4 years 8 months
Goodenough-Harris Drawing Test	Recommended Cut-Off:	10th Percentile or lower
	Range of Performance:	Unscorable to 93rd Percentile

Using these criteria, two of 22 children were without a deficit, ten had one deficit, and another ten had two or more deficits. Based on experiences in this pilot program, it was recommended that subsequent psychological screening activities be expanded to include more standardized rapport building procedures and to include the Verbal Expression and Auditory Sequential Memory subtests from the ITPA in the test battery. The Goodenough proved too difficult for three-year-olds and the team recommended that it be dropped completely or given to four-year-olds and other selected cases.

Behavioral Observation and Check List

The preschool children were then taken to a play area where they could be observed through a one-way mirror by trained Special Education

graduate students. The children were observed in two separate situations: (1) mother-child and (2) child-peer. Data on the child's behavior were collected at timed intervals and later reviewed by the observer team. Recommendations for educational programming were developed from these data at a later time.

General Observations

Attendance at Clinic Day exceeded even optimistic predictions. Only four families from the district failed to arrive at their scheduled time and two of these responded to a phone call and a suggestion that a car would be sent to the home to pick up mother and child. One of the remaining two families was rescheduled for screening, while the other was never evaluated because of an earlier conflict with the school system. The reception afforded the mother and child upon arrival at the clinic was crucial. Having the indigenous paraprofessionals who interviewed the mothers in their homes available as greeters and liaison persons between the family and the screening stations was a significant factor. Completion of a full evaluation of the child took about 1-1½ hours. To increase interest for the children, a card could be prepared for each child to present at each station where a decal, stamp, or button could be attached or given to the child which would add interest and also become an easily observable record of where the child has been evaluated. The card could be taken home as a souvenir or remembrance of the program.

Clinic Day was a demanding and sometimes frightening experience for preschool children, some of whom may have had a few contacts outside the

home. The situation also proved to be very distracting for some children which affected their performance and behavior. A preparatory visit, perhaps for auditory and visual screening, could have reduced this anxiety. Observation of play activity was scheduled last by accident but this seemed appropriate in terms of the child's fatigue and seemed to be a reinforcement to the child after participation in the other evaluation activities.

Educational Programming

The research team evaluated the psychological test score and other data and a clinical judgment was made concerning which children would profit from developmental preschool education. Recommendations along with an explanatory letter were sent to each parent; the letter invited them to attend a general meeting and follow-up individual conferences to discuss these recommendations. Preschool education was specifically recommended for 18 children; of this number, seven cases were already in a Head Start class and 11 others were referred to a special education preschool class which would focus in part on the school readiness deficits suggested by the screening procedures. Of these 11 cases, seven were actually enrolled by the parents in the preschool program; four parents rejected the recommendation of the evaluation team.

Discussion

The La Farge Preschool Community Clinic was a success if it was judged by these results: (1) near perfect attendance; (2) community interest and acceptance of the project; (3) the early identification of

developmental deficits; (4) the actual enrollment of 78 percent of the children with developmental disabilities in a preschool class; (5) community awareness of unmet medical and dental needs; (6) the discovery of a generalized retardation in language development among these preschool children living in an isolated rural environment; and (7) the positive professional evaluations of the participating staff.

In the utilization of screening procedures such as was used in this study, one must carefully examine the predictive validity of measurement procedures. This should be done to ensure that the techniques employed do not lead to false negative predictions by professionals and in turn improper or invalid labels being firmly implanted on the preschool children screened. Inappropriate labeling is a risk that is incurred by any program which attempts to screen large numbers of young children in order to identify and remediate developmental handicaps. This risk can be minimized by (1) developing reliable and valid screening procedures; (2) using terms such as school readiness or developmental deficit which are not fraught with negative connotations in describing findings to parents and teachers; (3) not overgeneralizing findings; and (4) developing specific remediation procedures to modify specific deficits.

The writers contend that there is too much at stake for society to assume that parents have the interest, resources, and the sense of responsibility to competently and adequately assess the development of their preschool children. Even though some risk is involved, such

screening projects are badly needed in an attempt to prevent more serious developmental and psychological difficulties in later life. Within the limitations of this study, however, the writers feel that the challenges posed by new state laws are within the best interests of handicapped children and they can be met. The screening procedures described above need follow-up evaluation and further refinement. Such studies relating to the reliability and predictive variability of the assessment procedures of the results of educational intervention are being prepared by the authors and will be reported in future articles.

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